



Patent Attorney's Docket No. <u>033558-003</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pat	ent Application of)						
Christop	her B. HEWETT	Group Art Unit: 3651						
Applicati	ion No.: 10/071,902	Examiner: [Not Assigned]						
Filed: F	ebruary 8, 2002))						
	MOBILE HEALTHCARE PRODUCT DISPENSER	RECENTER						
	TRANSMITTA	LLETTER MAY 1 5 2002						
	t Commissioner for Patents ton, D.C. 20231	RECENTER MAY 1 5 2002						
Sir:								
Enc	losed is a Preliminary Amendment for the	above-identified patent application.						
[]	A Petition for Extension of Time is also	enclosed.						
[]	A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.							
[v]	Also enclosed is Revocation/Power of Attorney by Applicant							
[4]	Small entity status is hereby claimed.							
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).							
	[] Applicant(s) previously submitted requested.	_, on, for which continued examination is						
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.							
[]	No additional claim fee is required.							
[v]	An additional claim fee is required, and i	s calculated as shown below:						

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	27	MINUS 20 =	7	× \$18.00 (103) =	126.00	
Independent Claims	4	MINUS 3 =	1	× \$84.00 (102) =	84.00	
If Amendment adds multiple dependent claims, add \$280.00 (104)						
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONAL	L FEE DUE	FOR THIS AMEN	DMENT		105.00	

[√]	A claim	fee in	the	amount of \$	105.00	is enclosed.

[] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

sy:*_*

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Date: May 13, 2002